## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000222066 3)))



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Division of Corporations

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Account Number : 076376001555 Phone : (803)255-9617 Fax Number : (561)483-7321

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 3, 2009 and assigned Florida document number L09000105902 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Basement Gulfstream, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address .\_\_\_\_, Florida \_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

Broad and Cassel

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Title</u> Address Name □ Add □ Remove □ Change \_□ Add ☐ Remove \_ Change □ Add .□ Rémove \_ Change \_\_\_\_\_ DAdă \_\_\_\_ □ Remove \_\_\_\_\_ Change \_□ Remove \_\_\_\_ □ Change \_\_□ Add \_ 🛘 Remove

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\_\_\_\_\_ Change

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Signature of 4 member or authorized representative of a member

Typed or printed name of signee

Brian F. LaBovick